

Fill in this information to identify the case:

United States Bankruptcy Court for the:

NORTHERN District of ILLINOIS
(State)

Case number (if known): _____ Chapter _____

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

MD TRANSPORT, INC.

2. All other names debtor used in the last 8 years

NONE

Include any assumed names, trade names, and doing business as names

3. Debtor's federal Employer Identification Number (EIN)

46-2703350

4. Debtor's address

Principal place of business

8436 N. SUMMERDALE AVE
Number Street

CHICAGO IL 60656
City State ZIP Code

COOK
County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor

MP TRANSPORT, INC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4840

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor MD TRANSPORT, INC
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor MD TRANSPARENT, INC
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/22/2015
MM / DD / YYYY

☒

Chernetskiy
Signature of authorized representative of debtor

Chernetskiy
Printed name

Title president

18. Signature of attorney

☒

William Murawski
Signature of attorney for debtor

Date 12/22/2015
MM / DD / YYYY

WILLIAM MURAWSKI
Printed name

LAW OFFICE OF WILLIAM M. MURAWSKI, P.C.
Firm name

15 N NORTHWEST HIGHWAY
Number Street

PACK RIDGE
City

IL 60068
State ZIP Code

847-268-0201
Contact phone

CAINE93@LIFE.COM
Email address

6206280
Bar number

IL
State

Fill in this information to identify the case:

Debtor name MD TRANSFREIGHT, INC
United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

1a. Real property: \$ 0.00
Copy line 88 from Schedule A/B.....
1b. Total personal property: \$ 0.00
Copy line 91A from Schedule A/B.....
1c. Total of all property: \$ 0.00
Copy line 92 from Schedule A/B.....

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$ 0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: \$ 0.00
Copy the total claims from Part 1 from line 5a of Schedule E/F.....

3b. Total amount of claims of nonpriority amount of unsecured claims: + \$ 70,108.00
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

4. Total liabilities..... \$ 70,108.00
Lines 2 + 3a + 3b

Fill in this information to identify the case:

Debtor name MD TRANSPORT, INC

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
- ☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | |
|--|-----------------|---------------------------------|----------|
| 3.1. _____ | _____ | _____ | \$ _____ |
| 3.2. _____ | _____ | _____ | \$ _____ |

4. Other cash equivalents (Identify all)

| | |
|------------|----------|
| 4.1. _____ | \$ _____ |
| 4.2. _____ | \$ _____ |

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ _____

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

| | |
|------------|----------|
| 7.1. _____ | \$ _____ |
| 7.2. _____ | \$ _____ |

Debtor

Name

MO TRANSPORT, INC.

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Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.Current value of debtor's
interest**11. Accounts receivable**11a. 90 days old or less: _____ - _____ = → \$ _____
face amount doubtful or uncollectible accounts11b. Over 90 days old: _____ - _____ = → \$ _____
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method
used for current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Name
MD TRANSTREIGHT, LLC

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Case number (if known)

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☒ No. Go to Part 6.☐ Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|-------------------------------------|--|---|------------------------------------|
| 19. Raw materials | MM / DD / YYYY | \$ | | \$ |
| 20. Work in progress | MM / DD / YYYY | \$ | | \$ |
| 21. Finished goods, including goods held for resale | MM / DD / YYYY | \$ | | \$ |
| 22. Other inventory or supplies | MM / DD / YYYY | \$ | | \$ |
| 23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84. | | | | \$ |

24. Is any of the property listed in Part 5 perishable?

☐ No☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☐ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 28. Crops—either planted or harvested | \$ | | \$ |
| 29. Farm animals Examples: Livestock, poultry, farm-raised fish | \$ | | \$ |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | \$ | | \$ |
| 31. Farm and fishing supplies, chemicals, and feed | \$ | | \$ |
| 32. Other farming and fishing-related property not already listed in Part 6 | \$ | | \$ |

Debtor

Name
MD TRANSPARENT, INC.

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Case number (if known)

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☒ No. Go to Part 8.☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|--|---------------------------------------|
| 39. Office furniture | \$ _____ | _____ | \$ _____ |
| 40. Office fixtures | \$ _____ | _____ | \$ _____ |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | \$ _____ | _____ | \$ _____ |
| 42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 42.1 _____ | \$ _____ | _____ | \$ _____ |
| 42.2 _____ | \$ _____ | _____ | \$ _____ |
| 42.3 _____ | \$ _____ | _____ | \$ _____ |

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☐ No☐ Yes

Debtor

Name
M.D. TRANSPORT, INC.

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Case number (if known)

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of
debtor's interest**
(Where available)

**Valuation method used
for current value**
**Current value of
debtor's interest**
47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

| | | | |
|------------|----------|-------|----------|
| 47.1 _____ | \$ _____ | _____ | \$ _____ |
| 47.2 _____ | \$ _____ | _____ | \$ _____ |
| 47.3 _____ | \$ _____ | _____ | \$ _____ |
| 47.4 _____ | \$ _____ | _____ | \$ _____ |

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

| | | | |
|------------|----------|-------|----------|
| 48.1 _____ | \$ _____ | _____ | \$ _____ |
| 48.2 _____ | \$ _____ | _____ | \$ _____ |

49. **Aircraft and accessories**

| | | | |
|------------|----------|-------|----------|
| 49.1 _____ | \$ _____ | _____ | \$ _____ |
| 49.2 _____ | \$ _____ | _____ | \$ _____ |

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
|-------|----------|-------|----------|

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

| |
|----------|
| \$ _____ |
|----------|

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Debtor

Name
MD TRANS FREIGHT, INC

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Part 9: Real property

54. Does the debtor own or lease any real property?

☒ No. Go to Part 10.☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

Nature and extent of debtor's interest in property**Net book value of debtor's interest (Where available)****Valuation method used for current value****Current value of debtor's interest**

| | | | | | |
|------|--|--|----|--|----|
| 55.1 | | | \$ | | \$ |
| 55.2 | | | \$ | | \$ |
| 55.3 | | | \$ | | \$ |
| 55.4 | | | \$ | | \$ |
| 55.5 | | | \$ | | \$ |
| 55.6 | | | \$ | | \$ |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☐ No☐ Yes**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.☐ Yes. Fill in the information below.**General description****Net book value of debtor's interest (Where available)****Valuation method used for current value****Current value of debtor's interest**

60. Patents, copyrights, trademarks, and trade secrets

\$

61. Internet domain names and websites

\$

62. Licenses, franchises, and royalties

\$

63. Customer lists, mailing lists, or other compilations

\$

64. Other intangibles, or intellectual property

\$

65. Goodwill

\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$

Debtor

Name

MD TRANS FREIGHT, INC.

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Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ Total face amount - _____ doubtful or uncollectible amount = → \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

| | | |
|-------|----------------|----------|
| _____ | Tax year _____ | \$ _____ |
| _____ | Tax year _____ | \$ _____ |
| _____ | Tax year _____ | \$ _____ |

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Name

MD TRANSFREIGHT, INC.

Document

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Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|--|---------------------------------------|-----------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i> | \$ _____ | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$ _____ | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$ _____ | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$ _____ | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$ _____ | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$ _____ | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$ _____ | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$ _____ | |
| 88. Real property. <i>Copy line 56, Part 9.</i> → | | \$ _____ |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$ _____ | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$ _____ | |
| 91. Total. Add lines 80 through 90 for each column. 91a. | \$ _____ | + 91b. \$ _____ |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | | \$ 0.00 |

Fill in this information to identify the case:

Debtor name MD TRANSPORT, INC
 United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
 (State)
 Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

Last 4 digits of account number

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply.

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

Last 4 digits of account number

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply.

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 0.00

Fill in this information to identify the case:

Document Page 15 of 39

Debtor MD TRANSFREIGHT, INC
 United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
 (If known) _____ (State)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Total claim

Priority amount

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

OCCIDENTAL FIRE CASUALTY
PO BOX 10800
Raleigh, NC 27605

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 70,108.00Basis for the claim: CONTRACT

Date or dates debt was incurred

06/25/2015

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3.2 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3.3 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3.4 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3.5 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3.6 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|---|--|---|
| 4.1. JOHNSON BELL LTD 33 W. MONROE #2700 CHICAGO IL 60603 | Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.2. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.3. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.5. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.6. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.7. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.8. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.9. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.10. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |
| 4.11. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | _____ |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 70,108.005c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.5c. \$ 70,108.00

Fill in this information to identify the case:

Debtor name MD TRANSPORT, INC
United States Bankruptcy Court for the NORTHERN District of ILLINOIS
(State)
Case number (If known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | | |
|-----|---|--|--|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest | | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest | | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |
| 2.5 | State what the contract or lease is for and the nature of the debtor's interest | | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |

Fill in this information to identify the case:

Debtor name MD TRANSPORT, INC
 United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
 (State)
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

| | Name | Mailing address | Name | Check all schedules that apply: |
|-----|-------|--|-------|--|
| 2.1 | _____ | Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.2 | _____ | Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.3 | _____ | Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.4 | _____ | Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.5 | _____ | Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.6 | _____ | Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |

Fill in this information to identify the case and this filing:

Debtor Name MD TRANSFERTECH, INC
United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
(State)
Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☒ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☒ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration STATEMENT OF FINANCIAL AFFAIRS

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/22/2015
MM / DD / YYYY

☒ Chernetskiy
Signature of individual signing on behalf of debtor

Chernetskiy
Printed name

president
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name MD TRANSPORT, INC
 United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
 (State)
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2015 to Filing date
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$ 0.00

For prior year:

From 01/01/2014 to 12/31/2014
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$ 16,133.00

For the year before that:

From 01/01/2013 to 12/31/2013
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$ 350.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

\$ _____

For prior year:

From _____ to _____
MM / DD / YYYY

\$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY

\$ _____

Debtor

MD TRANSFREIGHT, INC.
Name

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

| Creditor's name and address | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|-------|-----------------------|---|
| 3.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| 3.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|---|-------|-----------------------|---------------------------------|
| 4.1. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____ | _____ | \$ _____ | _____ |
| 4.2. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____ | _____ | \$ _____ | _____ |

Debtor MD TRANSFREIGHT, INC Case number (if known) _____
Name

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Description of the property | Date | Value of property |
|--|-----------------------------|-------------------------|----------------------------|
| 5.1. Creditor's name _____ Street _____ City State ZIP Code | _____ _____ _____ | _____ _____ _____ | \$ _____ _____ _____ |
| 5.2. Creditor's name _____ Street _____ City State ZIP Code | _____ _____ _____ | _____ _____ _____ | \$ _____ _____ _____ |

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|--|---|-------------------------|----------------------------|
| Creditor's name _____ Street _____ City State ZIP Code | _____ _____ _____ Last 4 digits of account number: XXXX- _____ | _____ _____ _____ | \$ _____ _____ _____ |

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

| Case title | Nature of case | Court or agency's name and address | Status of case |
|--------------------------------------|----------------|--|---|
| 7.1. OCCIDENTAL V MD TRANSFREIGHT | CONTRACT | CIRCUIT COURT OF 9th CIRCUIT Name ED W. WASHINGTON STREET Street CHICAGO IL 60602 City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number 2015 L 001029 | | | |
| 7.2. Case title | | Court or agency's name and address Name Street City State ZIP Code | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number | | | |

Debtor MD TRANSFREIGHT, INC.
Name

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

| Custodian's name and address | Description of the property | Value |
|---------------------------------------|-----------------------------------|---------------------------------------|
| _____ | _____ | \$ _____ |
| Custodian's name _____ | Case title _____ | Court name and address _____ |
| Street _____ | _____ | Name _____ |
| _____ | Case number _____ | Street _____ |
| City _____ State _____ ZIP Code _____ | _____ | _____ |
| _____ | Date of order or assignment _____ | City _____ State _____ ZIP Code _____ |
| _____ | _____ | _____ |

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|--|---|-------------|----------|
| 9.1. _____ | _____ | _____ | \$ _____ |
| Recipient's name _____ | _____ | | |
| Street _____ | _____ | | |
| _____ | | | |
| City _____ State _____ ZIP Code _____ | | | |
| Recipient's relationship to debtor _____ | | | |
| _____ | | | |
| 9.2. _____ | _____ | _____ | \$ _____ |
| Recipient's name _____ | _____ | | |
| Street _____ | _____ | | |
| _____ | | | |
| City _____ State _____ ZIP Code _____ | | | |
| Recipient's relationship to debtor _____ | | | |
| _____ | | | |

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | Date of loss | Value of property lost |
|--|---|--------------|------------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | | |

Debtor MD TRANSPORT, INC
Name

Case number (if known) _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

| | Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|-------|--|---|-------------------|-----------------------|
| 11.1. | <u>WILLIAM M. MURAKOWSKI</u> | | <u>11/18/2015</u> | <u>\$2,500.00</u> |
| | Address | | | |
| | <u>15 N. NORTHWEST HIGHWAY</u> | | | |
| | Street | | | |
| | <u>PARK RIDGE IL 60068</u> | | | |
| | City State ZIP Code | | | |
| | Email or website address | | | |
| | <u>CAVE93@LIVE.COM</u> | | | |
| | Who made the payment, if not debtor? | | | |
| | _____ | | | |

| | Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|-------|--|---|-------|-----------------------|
| 11.2. | _____ | _____ | _____ | \$ _____ |
| | Address | | | |
| | _____ | | | |
| | Street | | | |
| | _____ | | | |
| | City State ZIP Code | | | |
| | Email or website address | | | |
| | _____ | | | |
| | Who made the payment, if not debtor? | | | |
| | _____ | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
| _____ | _____ | _____ | \$ _____ |
| Trustee | _____ | | |
| _____ | | | |

Debtor MD TRANSFREIGHT, INC.
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

| | Who received transfer? | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-------|---------------------------------------|--|------------------------|-----------------------|
| 13.1. | _____ | _____ | _____ | \$ _____ |
| | Address | | | |
| | Street _____ | | | |
| | City _____ State _____ ZIP Code _____ | | | |
| | Relationship to debtor | | | |
| | _____ | | | |
| 13.2. | _____ | _____ | _____ | \$ _____ |
| | Address | | | |
| | Street _____ | | | |
| | City _____ State _____ ZIP Code _____ | | | |
| | Relationship to debtor | | | |
| | _____ | | | |

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

| | Address | Dates of occupancy |
|-------|---------------------------------------|---------------------|
| 14.1. | Street _____ | From _____ To _____ |
| | City _____ State _____ ZIP Code _____ | |
| 14.2. | Street _____ | From _____ To _____ |
| | City _____ State _____ ZIP Code _____ | |

Debtor MD TRANSFREIGHT, INC
Name

Case number (if known) _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------------------|---|--|
| 15.1. _____ Facility name | _____ | _____ |
| _____ | _____ | _____ |
| Street _____ | Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. | How are records kept? |
| _____ | _____ | Check all that apply: |
| City _____ State _____ ZIP Code _____ | _____ | <input type="checkbox"/> Electronically |
| | | <input type="checkbox"/> Paper |
| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
| 15.2. _____ Facility name | _____ | _____ |
| _____ | _____ | _____ |
| Street _____ | Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. | How are records kept? |
| _____ | _____ | Check all that apply: |
| City _____ State _____ ZIP Code _____ | _____ | <input type="checkbox"/> Electronically |
| | | <input type="checkbox"/> Paper |

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____
 Does the debtor have a privacy policy about that information?
☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:
 Name of plan _____ Employer identification number of the plan
 EIN: _____ - _____
 Has the plan been terminated?
☐ No
☐ Yes

Debtor

MD TRANSFREIGHT, INC.
Name

Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

| | Financial institution name and address | Last 4 digits of account number | Type of account | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------|---|---------------------------------|--|--|---|
| 18.1. | Name _____ Street _____ City State ZIP Code | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| 18.2. | Name _____ Street _____ City State ZIP Code | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| Depository institution name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---|--|---|---|
| Name _____ Street _____ City State ZIP Code | _____ _____ _____ Address _____ _____ | _____ _____ _____ _____ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---|--|---|---|
| Name _____ Street _____ City State ZIP Code | _____ _____ _____ Address _____ _____ | _____ _____ _____ _____ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor MD TRANSPORT, INC Case number (if known) _____
Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

| Owner's name and address | Location of the property | Description of the property | Value |
|--------------------------|--------------------------|-----------------------------|----------|
| Name | | | \$ _____ |
| Street | | | |
| City State ZIP Code | | | |

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

| Case title | Court or agency name and address | Nature of the case | Status of case |
|-------------|----------------------------------|--------------------|------------------------------------|
| Case number | Name | | <input type="checkbox"/> Pending |
| | Street | | <input type="checkbox"/> On appeal |
| | City State ZIP Code | | <input type="checkbox"/> Concluded |

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Name | Name | | |
| Street | Street | | |
| City State ZIP Code | City State ZIP Code | | |

Debtor

MD TRANSPORT, INC.
Name

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|---------------------------------------|---------------------------------------|-----------------------------|----------------|
| Name _____ | Name _____ | _____ | _____ |
| Street _____ | Street _____ | _____ | |
| City _____ State _____ ZIP Code _____ | City _____ State _____ ZIP Code _____ | | |

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

| Business name and address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. EIN: _____ - _____ Dates business existed From _____ To _____ |
|--|--|---|
| 25.1. Name _____ Street _____ City _____ State _____ ZIP Code _____ | _____ _____ _____ | |
| 25.2. Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____ | Describe the nature of the business _____ _____ _____ | Employer Identification number Do not include Social Security number or ITIN. EIN: _____ - _____ Dates business existed From _____ To _____ |
| 25.3. Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____ | Describe the nature of the business _____ _____ _____ | Employer Identification number Do not include Social Security number or ITIN. EIN: _____ - _____ Dates business existed From _____ To _____ |

Debtor MD TRANFREIGHT, INC.
Name

Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

From 12/20/2015 To PRESENT

26a.1. CVA FINANCIAL
Name
1284 S. VERMONT STREET
Street
PALATINE IL 60067
City State ZIP Code

Name and address

Dates of service

From _____ To _____

26a.2. _____
Name

Street

City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address

Dates of service

From _____ To _____

26b.1. _____
Name

Street

City State ZIP Code

Name and address

Dates of service

From _____ To _____

26b.2. _____
Name

Street

City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. _____
Name

Street

City State ZIP Code

Debtor

MD TRANSPORT, INC
Name

Case number (if known) _____

Name and address

If any books of account and records are
unavailable, explain why

26c.2.

Name _____
Street _____
City _____ State _____ ZIP Code _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name _____
Street _____
City _____ State _____ ZIP Code _____

Name and address

26d.2.

Name _____
Street _____
City _____ State _____ ZIP Code _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name _____
Street _____
City _____ State _____ ZIP Code _____

Debtor ND TRANSPORT, INC Case number (if known) _____

Name of the person who supervised the taking of the inventory _____ Date of inventory _____ The dollar amount and basis (cost, market, or other basis) of each inventory \$ _____

Name and address of the person who has possession of inventory records

27.2. Name _____
Street _____
City _____ State _____ ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|-------------------|---|-------------------------------------|-----------------------|
| POLINA CHERNYSKIY | 8530 W. CATALPA, #1N, CHICAGO, IL 60656 | PRESIDENT | 100% |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|-------|---------|-------------------------------------|---|
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|---|--|-------|--------------------------------|
| 30.1. Name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Debtor MD TRANSPORT, INC Case number (if known) _____
Name

Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/22/2015
MM / DD / YYYY

☒ Chernetskiy
Signature of individual signing on behalf of the debtor

Printed name Chernetskiy

Position or relationship to debtor president

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

United States Bankruptcy Court

NORTHERN District Of ILLINOIS

In re MD TRANSPORT, INC.

Case No. _____

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 2,195.00

Prior to the filing of this statement I have received \$ 2,195.00

Balance Due \$ 0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

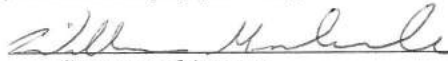
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/18/2015
Date


Signature of Attorney

LAW OFFICE OF WILLIAM M. MUSAKOWSKI, P.C.
Name of law firm

United States Bankruptcy Court
Northern District of Illinois

In re MD Transfreight, Inc.

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 1 0

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date:

12/22/2015

Chernetsky / president

1
Signer/Title

United States Bankruptcy Court
Northern District of Illinois

In re MD Transfreight, Inc.

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for MD Transfreight, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [Check if applicable]

Date

12/22/2015

Chernotshy

Signature of Attorney or Litigant
Counsel for MD Transfreight, Inc.
William Murakowski Attorney at Law
15 N. Northwest Highway
Park Ridge, IL 60068
847-268-0201 Fax: 847-268-0203
caine93@live.com